

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044083

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

318.4

Primary Registration District No.

1003

Registrar's No.

11163

FILED NOV 30 1962

VS 300  
Rev. 4/59

1

2 223

3

4 0

5 2

6

7 1

8 2

9

10

11

12 76-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                           |  |   |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo b. COUNTY   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |                           | Length of stay in 1b<br>4 days   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Chronic Hospital  |                           | d. STREET ADDRESS (If outside, give location)<br>909 Lami  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First John Middle A. Last Cochran  |                           | 4. DATE OF DEATH<br>Month 11 Day 20 Year 62  |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br>3/19/1897                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>FARMER  |                           | 10b. KIND OF BUSINESS OR INDUSTRY  |   |
| 13a. FATHER'S NAME<br>RUBEN A. COCHRAN   |                           | 13b. MOTHER'S MAIDEN NAME<br>LIZA RABURN   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |                           | 16. SOCIAL SECURITY NO.<br>[REDACTED]  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Gangrene, right foot<br>DUE TO (b) arteriosclerosis obliterans<br>DUE TO (c) 450.1<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                           | INTERVAL BETWEEN ONSET AND DEATH<br>1 week<br>4 years  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Arteriosclerosis generalized  |                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                           | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                           | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 20f. CITY, TOWN, OR LOCATION   |                           | COUNTY STATE   |   |
| 21. I attended the deceased from 11-16-62 to 11-20-62 and last saw her alive on 11-20-62<br>Death occurred at 12:50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.  |                           |  |   |
| 22a. SIGNATURE<br>Marvin G. Fingerhood, M.D.   |                           | 22b. ADDRESS<br>5600 Arsenal St.   |   |
| 22c. DATE SIGNED<br>11-20-62   |                           |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>REMOVAL   | 23b. DATE<br>11-20-62     | 23c. NAME OF CEMETERY OR CREMATORY<br>MT. ZION CEMETERY  | 23d. LOCATION (City, town, or county) (State)<br>STEELE MO. |
| 24. FUNERAL DIRECTOR<br>ALBERT H. Hoppe, Inc., 4700 WASHINGTON   |                           | 25. DATE RECD. BY LOCAL REG.<br>NOV 20 1962  |   |
|  |                           | 26. REGISTRAR'S SIGNATURE<br>Road Smith, M.D.  |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

76

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Stanley H. DeFonse*

Licensed Embalmer No.

*4193*

P. O. Address

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.